

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>BEST AVAILABLE COPY</b>			
FEE DETERMINATION	T-G	22	8/4/9
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	S.P.	1128	7/10/01
RESPONSE FORMALITY REVIEW	M.H.	625	10-02-01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	11/20
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
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Claim	Date
Final	
Original	51
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Claim	Date
Final	
Original	101
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If more than 150 claims or 10 actions  
staple additional sheet here

H.S.  
7-10-01  
(063)  
7-10-01